		(Column 1)		10 687,094
SE	[13] OFR (.16/a))	UMBER FILED NUMBER EXTR	A SIMALL ENTITY	OR OTHER HAN
14/0	107AL CLAIMS (32 CFR 1.16(C)) 7 INDEPENDENT CLAIMS (31 CFR 1.16(b)) 2	minus 20 =	RATE FEE  s  x s 25 =	OR S
	MULTIPLE DEPENDENT CLAIMPRES	SENT (N. CED.	x s 100= + s 180	OR x s <u>50</u> OR x s <u>200</u>
· .	CCAIMS AS AI	MENDED - PART II	TOTAL	OR + 360
	(Column 1)  CLAIMS REMAINING AFTER	(Column 2): (Column HIGHEST NUMBER: PRESEN	SMALL ENTITY	OR OTHER THAN
• .	Total  (JI CFR (, 14c    Lindependent	Minus "EXTRA	HATE ADDI-	SMALL ENTITI  RATE ADD TIGHT
	. <	Minus = = :	× 5 100-	$\frac{1}{2} \frac{1}{2} \frac{1}$
-	(Column 1) (Column 2) (Column 2)		TOTAL O	R +s360
	REMAINING AFTER AMENOMENT  O OF GAR LEGGI	HIGHEST NUMBER PRESENT EXTRA	RATE ADDI-	RAIG
	High presentation of MULTIPLE DO	dinus	x s 25 = OR	x s 50 = ADOI TIONAL FEE
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  (Column 1)		+s 180= OR TOTAL OR ADO'L FEE	× 5200= + 340= TOTAL
DMENTO	CLAIMS!	(Column 2) (Column 3) HIGHEST HUMBER PREVIOUSLY EXTRA	OR RATE	AOD C FEE
AMENDA	Independent (17 OFR 1.16(b)) Min	PA(O FOR	X S 25 = AOOI.	RATE ADDI- TIONAL FEE .
	THE PHESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(0))		X 5 (OO OR O	κ <sub>5</sub> <u>50</u>
This o	If the entry in column 1 is less than the of the Highest Number Previously Paid in the Highest Number Previously Paid in Highest Number Previously Paid in the Highest Number Previously	TOTAL ADDL FEE		

"If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is tess than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is tess than 2, enter "3".

The "Highest Number Previously Paid For IN THIS SPACE is tess than 3, enter "3".

This collection of information is required by 37 CFR (.16. The information is required to obtain or retain a benefit by the public which is including 9 altering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case the complete this form and/or suggestions for returning the vary depending upon the individual case. Any comments ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS